

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$15.00 for date of service 04/04/02.
- b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (3), the Division notified the Requestor with a copy to the Austin Representative of their requirement to send 2 copies of additional information on 06/14/02 per fax. No additional documentation was received so there is no carrier sign sheet. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 05/20/02 that...

"We attempted to contact the carrier to get this matter resolved before sending this to Medical Dispute Resolution. But the disputed issues were not resolved."
2. Respondent: The Carrier did not submit a position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/04/02.
2. The denial listed on the EOB is "F-73-THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5. Per the letter dated 05/01/2002: Original audit will stand. The injured worker had already been released to work full duty in October, 2001 by this provider."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/04/02	99080-73	\$15.00	\$0.00	F-73	DOP	TWCC Rule 129.5(i)	<p>“F-73-THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.”</p> <p>There is no copy of the TWCC-73 form in the packet. Therefore, it is not possible to tell if the form met the requirement of Rule 129.5. Also, the employee was released to return to work in October 2001, per the carrier's audit. Therefore, reimbursement is not recommended.</p>
Totals		\$15.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision is hereby issued this 5th day of November 2002.

Michael Bucklin
 Medical Dispute Resolution Officer
 Medical Review Division

MB/mb